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Insert Label #1 here.

[

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Insert Label #2 here.

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All shaded areas are required items.

COMMUNITY HEALTH SERVICES REPORT

HEALTH DEPARTMENT ID #

PLEASE PRINT

ORGANIZATION REQUESTING SERVICE

PHONE NUMBER

ADDRESS NUMBER/STREET

CITY

COUNTY

CONTACT PERSON

LOCATION OF SERVICE AND DIRECTIONS (NAME OF BUILDING, TYPE OF BUILDING, ROOM NUMBER, ETC.)

DATE(S) FOR REQUESTED SERVICE:

TIME(S):

LEAD PROVIDER NAME

OTHER GROUPS PARTICIPATING

TARGET AUDIENCE :

ESTIMATED # OF PARTICIPANTS:

Describe Event (including topic(s) to be presented):

EQUIPMENT TO BE PROVIDED BY LHD:

EQUIPMENT TO BE PROVIDED BY ORGANIZATION:

Instructions/Comments:

STATISTICAL REPORT

	County Service Code	Lead Provider #	Doc. #	Date of Presentation/ Meeting	Place /Type of Service Code	Cost Center	2010 Objective/ Program Code	Strategy #	Activity Code	*Ethnicity/**Race						
										W	B	A	N	H	L	U
1																
2																

	**Gender		**Age						Total # Contacts/ Participants	Contact Time (minutes)	Prep Time (minutes)	Optional LHD Field	Optional LHD Field
	M	F	<5	5-12	13-18	19-49	50-64	65+					
1													
2													

	# Cases	Agencies	Causes
1			
2			

* W=White-Non-Hispanic; B=Black-Non-Hispanic; A=Asian; N=American Indian or Alaska Native; H=Native Hawaiian or Other Pacific Islander; L=Hispanic or Latino; U=Unknown

** Enter actual number for “Race”, “Gender”, and “Age”.

Data Entry Initials/Date:

COMMUNITY BASED SERVICE CODES

PLACE/TYPE OF SERVICE CODES

01 School
02 Worksite
03 Health Department
04 Community (general)
05 Other Agency/Institution
08 Newspaper/Newsletter
09 Radio
10 Television

11 Website
12 Other Media
13 Billboard

ONLY 14-18 To Be Used for EPSDT Outreach

14 EPSDT Only – Private Providers
15 EPSDT Only – School System
16 EPSDT Only – Community Events
17 EPSDT Only – New Eligibles
18 EPSDT Only - Other Than New Eligible

COST CENTERS

***Note:** The Cost Center number input must correspond with the Cost Center number the activity falls under in Community-Based Plans, if included in plan. If activity was not included in plan, choose the most appropriate Cost Center.

801 Immunizations
804 WIC
805 Nutrition
806 TB
807 STD
809 Diabetes
813 Breast and Cervical Cancer
818 Community
only)

832 Heart Disease or Stroke
833 Breastfeeding Grantee
837 Abstinence
841 Diabetes Today Coalitions
843 HIV
856 Arthritis
857 Physical Activity
883 EPSDT Outreach (for use with program code 120E0)

890 Core Community Assessment

* Total number of contacts/participants is a required item for every strategy in **all** activity codes for Cost Centers 809 and 841.

2010 OBJECTIVES/PROGRAM CODES

***Note:** When reporting activities, 2010 Objectives/Program Codes should match the ones used in the Community-Based Plans (see attached list).

ACTIVITY CODES

01 Health Promotion/Education
02 Behavioral Change Education
03 Professional Education for Health Care
Providers and Educators
04 Information & Material Distribution
07 Community Planning Activities

08 Other Activities
09 Health Fair
10 EPSDT Only – Face to Face
11 EPSDT Only – Phone
12 EPSDT Only – Home Visit
13 EPSDT Only – Letter
14 EPSDT Only – Appointment Made

AGENCIES

1 Coroner
2 Law Enforcement
3 Department for Community Based Services
4 Local Health Department
5 Attorney
6 Emergency Medical Service
7 Fire
8 Other

CAUSES

1 SIDS
2 Illness or Other Natural Cause
3 Drowning
4 Vehicular
5 Suffocation/Strangulation
6 Fire/Burn
7 Undetermined
8 Prematurity
9 Falls
10 Poison/Overdose
11 Homicide
12 Suicide
13 Other